

United States Bankruptcy Court District of Idaho		PROOF OF CLAIM
Name of Debtor <b>KIM R. JAMES</b>	Case Number: 00-21327 <b>00-21327 IN 3-51</b>	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>CITIBANK (NEW YORK STATE)</b>	Check box if you are aware that anyone has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: <b>USA GROUP LOAN SERVICES INC PO BOX 6179 INDIANAPOLIS IN 46206-6179</b>  Telephone Number: <b>317-595-7111</b>	Check box if you never received any notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: <b>518-98-5817 1</b>	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
<b>1. Basis for Claim</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input checked="" type="checkbox"/> Money loaned - Student Loan  <input type="checkbox"/> Personal Injury/wrongful death  <input type="checkbox"/> Taxes  <input type="checkbox"/> Other _____         </div> <div style="width: 50%;">           Retiree benefits as defined in 11 U.S.C. § 1114 (a)            Wages, salaries, and compensation (fill out below)            Your social security number: _____            Unpaid compensation for services performed from _____ to _____  <div style="display: flex; justify-content: space-between;"> <span>(date)</span> <span>(date)</span> </div> </div> </div>		
2. Date debt was incurred: <b>07/02/1992</b>	3. If court judgement, date obtained: _____	
<b>4. Total Amount of Claim at Time Case Filed:</b> <b>\$2,389.53</b> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim</b> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Real Estate         <input type="checkbox"/> Motor Vehicle         <input type="checkbox"/> Other _____       </div> Value of collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____	<b>6. Unsecured Priority Claim</b> Check this box if you have an unsecured priority claim Amount entitled to priority Specify the priority of the claim: Wages, Salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier - 11 U.S.C. § 507(a)(3). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse or child - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). * Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim <b>8. Supporting Documents:</b> <u>Attach copies of supporting documents</u> such as promissory notes, purchase orders, invoices, itemized statements of running accounts, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>9. Date-Stamped Copy:</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date: <b>12/21/2000</b> StateKey: _____ ID 02	Sign and print name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <b>Leah X Hazelbaker</b>	
<b>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152, AND 3571</b>		

# usaGroup

Loan Services

USA Group Loan Services, Inc.

Mailing Address:

PO Box 6180, Indianapolis, IN 46206-6180

Street Address:

11100 USA Parkway, Fishers, IN 46038-9213

877-872-4768

[www.usagroup.com](http://www.usagroup.com)

Date: December 21, 2000

RE: KIM R. JAMES  
SS #: 518-98-5817

CASE: 00-21327  
Adversary:

Principal Balance: \$2,117.61  
Capitalized Interest: \$271.92  
Total: \$2,389.53

First Due Date: 07/02/1992

## Loan Information:

Loan ID#:	Amount of Loan:	1st Disbursement Date:
1	\$2,500.00	10/07/1986

Refunds: \$0.00

I hereby affirm that the above information is true and correct to the best of my knowledge

By: 

Leah X Hazelbaker

USA Group Loan Services